BEST AVAILABLE COPY

DATENT	ADDI ICATION	EEE DETERMIN	IATION RECORD
	AFFLICATION	TEE DETENIMIN	IALIUN NECUND

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I						SMALL ENTITY OTHE				OTHER	THAN	
TOTAL OLIVE			(Column 1) (Column 2)				TYPE			OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		5	30		·	RA	TE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMB	NUMBER EXTRA		C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			& Ominus 20= *		60	X\$	9=	540	OR	X\$18=		
INDEPENDENT CLAIMS			/ 6 minus 3 = * /3		13	X4	2=	540	OR	X84=		
MULTIPLE DEPENDENT CLAIM PR			RESENT			+14	<del></del>		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TO	TAL	1/15/	OR	TOTAL			
CLAIMS AS AMENDED - PART II							. •		ب مرارا	10	OTHER	THAN
(Column 1)				(Colu	mn 2)	(Column 3)	SM	ALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
A	Independent	*	Minus	_***	F OL 4414		X4	2=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JLIIPLE DEF	PENDEN	I CLAIM		+14	10=		OR	+280=	
								OTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT	. FEE		1	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH	HEST IBER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X4	2=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							+14	OTAL		OR	+280= TOTAL	
							ADDIT	FEE		OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***	<b>T</b> 0: :::	=	X4	2=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	-ENDEN	CLAIM		+14	0=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OD	TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Table of Independent) is the highest number found in the appropriate here.									ADDIT. FEE	L		
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											